Complete and send this form, together with

licable fee(s), to: Mail

Mail Stop ISSUR Commissioner for P.O. Box 1450 Alexandria, Virginia 22313-1450



			-	<u>Fax</u> (703) 746-4000		
INSTRUCTIONS: This for appropriate. All further cor- indicated unless corrected to maintenance fee notification	m should be used for tran respondence including the l pelow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a)	E FEE and ders and not) specifying	PUBLICATION FEE (if requification of maintenance fees a new correspondence address	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 021567 7590 11/10/2004 WELLS ST. JOHN P.S. 601 W. FIRST AVENUE, SUITE 1300 SPOKANE, WA 99201			I hereby certify that the Issue/Publication Fee is/are being hand-delivered to the Issue Fee Branch, Commissioner of Patents, Washington, D.C. 20231 on the date indicated below: Depositor's Name			
2/15/2004 SFELEKE2 000	000105 10781468	E RE		Signature	my son	ns
1 FC:1501 2 FC:1504	1400.00 OP 300.00 OP	FMANK	OFFICE	12-	4404	
3 FC+409/EATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/781,468 TITLE OF INVENTION: M	02/17/2004 ETHODS OF FORMING S	PACED CONDUC		M. Taylor ONS, AND METHODS OF FO	MI22-2504 DRMING CAPACITOR CON	1771 STRUCTIONS
APPLN. TYPE	SMALL ENTITY	ISSUE FI	3E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370		\$300	\$1670	02/10/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
DOAN, THERESA T		2814		438-239000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of or up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attenue) or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Micron Technology, Inc. Boise, ID Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 3. Wells St. John P.S. (1) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Tegistered attempts or agents. If no name is listed, no name is listed, no name will be printed. 3 To a substitute for filing an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Boise, ID Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 3						
			Deposit Acc	count Number 23-0925	(enclose an extra	copy of this form).
a. Applicant claims Si	(from status indicated above MALL ENTITY status. See 1	37 CFR 1.27.		cant is no longer claiming SMA		
The Director of the USPTO NOTE: The Issue Fee and Punterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	ion Fee (if and I from anyon Office.	ny) or to re-apply any previous e other than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature	dh			Date	12/13/04	
Typed or printed name	David G. Latwes	sen. Ph.D.		Registration	_{1 No.} 38,533	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.